

vegetative and encysted forms from the stools for a few days does not mean "cure."

In some of the cases the table shows that for a period during the treatment the cysts disappear from the stools. It is questionable whether the drug per se played any part in this disappearance. It is known that amebic cysts appear and disappear in cycles. Much inaccuracy in clinical reports will result if this fact is overlooked.

References.

1. Yorke, W.: Amebic Dysentery in England. *Brit. M. J.*, April 12, 1919. Vol. 1; 451.
2. Matthews, J. R. and Smith, A. M.: Spread and Incidence of Intestinal Protozoal Infections in Great Britain. *Ann. Trop. Med.*, 1919. Vol. 12; 349, 361. Vol. 13; 91.
3. Baylis, H. A.: Incidence of *Entamoeba Histolytica* and other Intestinal Protozoa among 400 Healthy New Entries to the Royal Navy. *Lancet*. 1919. Vol. 196; 54.
4. Dobell, C.: Incidence and Treatment of *Entamoeba Histolytica*. *Brit. M. J.* Nov. 4, 1916. Vol. 1; 612.
5. Wenyon, C. M. and O'Connor, F. W.: Human Intestinal Protozoa in the Near East. *Bale*. 1917.
6. Kofoid, S. A., Kornhauser, S. I. and Plate, J. T.: Intestinal Parasites in Overseas and Home Service Troops in U. S. Army, with Reference to Carriers of Amebiasis. *J. A. M. A.* 1919. Vol. 72; 1721.
7. Macht, D. I.: The Relation between the Chemical Structure of Opium Alkaloids and their Physiologic Action on Smooth Muscle. A Pharmacologic and Therapeutic Study of Benzyl Esters. *J. Phar. and Exper. Therap.* 1918. Vol. 11; 419.
8. Haughwout, F. G. and Lantin, P. T.: Protozoologic and Clinical Studies on the Treatment of Protozoal Dysentery with Benzyl Benzoate. 1. Preliminary Report on Eight Cases of Endamebic Dysentery and One Case of Bacillary Dysentery Treated at the Philippine General Hospital. *Arch. Int. Med.* 1919. Vol. 24; 383.
9. Gunn, H.: Amebiasis: Its Radical Cure with Combined Emetin and Salvarsan Products. *Calif. State J. M.* 1918. Vol. 16; 240.

SHORTAGE OF TRAINED NURSES.

By W. F. McNUTT, Sr., M. D., Byron, Calif.

Physicians, hospitals and all communities are feeling the scarcity of trained nurses. While the trained nurse is comparatively a new factor in society, she has become necessary and important in every well organized community. The outlook is not encouraging as the supply is falling off. Perhaps the older physicians and surgeons, more particularly, realize and appreciate the value of the trained nurse. Hospital staffs take quite a gloomy view of the nurse problem.

There are several causes for the shortage. The two very important, are the high requirement for entrance and for graduation and the long period of training. Then the many opportunities that are constantly offering, in commercial fields, for young women with shorter hours and more agreeable employment. Again much of the work that student nurses are required to do while in training in hospitals, should be done by hospital maids. Also the vastly increased fields for trained nurses, are shortening the supply, such as school boards, charity boards, lodges, Salvation Army, etc.

The shortage in trained nurses can and must be met. Every experienced physician and surgeon and every sensible hospital staff realizes that the requirements for entrance and graduation for nurses are absurdly high and the period of training unreasonably long. The remedial measures must not be left to doctrinaires and idealists, but to those to whom the matter is of vital interest. Many young women would be willing and able to sacrifice a commercial salary for two years, while training, but would be unwilling or unable to sacrifice three years. If a young woman

with two years' training in a well equipped hospital is not a competent nurse she never will be. Inefficiency is not confined to nurses and is not obviated by an extra year of training. If nurses wish to take up certain lines and can afford to do so, they should do as physicians do, attend special hospitals for post-graduate work. The trained nurse has become as it were the third hand of the physician and surgeon and a necessity to every well-regulated hospital. Doctrinaires and idealists have handicapped physicians, hospitals and communities. Let those who are most vitally interested see to it that the requirements for entrance and graduation for nurses be lowered and the training time be reduced to two years. Then and only then will the supply of nurses increase to meet the demand.

Book Review

Surgical Clinics of Chicago. Volume 4, Number 2 (April, 1920). 233 pages. 80 illustrations. Published bi-monthly. Philadelphia: W. B. Saunders Company. 1920.

A. J. Ochsner: Prostatectomy. **H. L. Kretschmer:** Carcinoma of the bladder. **E. L. Moorhead:** Rupture of quadriceps extensor tendon. Varicocele. Septic gall-bladder with spontaneous cholecystenterostomy. **C. B. Davis:** Cervical rib. **L. F. Watson:** Local anesthesia for inguinal herniotomy. **H. N. MacKechnie:** Silent appendical abscesses in children. Foreign body impacted at ileocecal junction. **A. B. Bevan:** Carcinoma of the stomach—anterior gastro-enterostomy. Carcinoma of the splenic flexure. Imperforate anus. Fracture of the malar bone. Musculospiral paralysis: Treatment by tendon transplantation and nerve suture. **G. L. McWhorter:** Perineal ectopia testis. **R. L. Moodie:** Primitive surgery in Ancient Egypt. **C. A. Parker:** Congenital dislocation of the patella. **Kellogg Speed:** Inguinal hernia. **D. C. Straus:** Subdiaphragmatic abscess. **D. N. Eisendrath:** Diagnosis of tuberculosis of the kidney and the technic of nephrectomy. **Dr. Gatewood:** Strangulated ovarian cyst. **E. L. Cornell:** Ectopic pregnancy. Ovarian cyst simulating ectopic gestation. **F. G. Dyas:** Umbilical hernia in a baby eight hours old. Intestinal obstruction. **Medical Clinics of North America.** Volume III, Number 5 (Philadelphia Number, March, 1920). By Philadelphia Internists. Octavo of 325 pages with 26 illustrations. Philadelphia and London: 1920. Issued serially, one volume every other month. Paper, \$12.00; Cloth, \$16.00 net. Consisting of six numbers per clinic year.

J. B. Deaver: Chronic appendicitis. **Thomas McCrae:** Low blood pressure. **E. H. Funk:** Malignant disease of the lung. **M. E. Rehfuess:** Analysis of diseases of the gall-bladder and ducts. **B. B. V. Lyon:** Some aspects of the diagnosis and treatment of cholecystitis and cholelithiasis. **E. J. G. Beardsley:** Chronic valvular heart disease. Ethics, ideals, and efficiency in the practice of medicine. **H. K. Mohler:** Discussion of diabetes mellitus in children. **Alfred Stengel:** Treatment of valvular heart disease before failure of compensation. **David Riesman:** Edema of the lungs. **H. R. M. Landis:** Meningitis. **G. W. Norris:** Syphilitic aortitis. **J. H. Muessner:** Three instructive cases. **Joseph Sailer:** Mumps. **E. H. Goodman:** Significance of heart murmurs in young individuals. **O. H. P. Pepper:** Hodgkin's disease with jaundice as an early symptom. **A. H. Hopkins:** Treatment of catarrhal jaundice. **J. C. Doane:** Drug inebriety. **C. B. Farr:** Painless gastric crises.